

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/424673

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
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49				
50				
TOTAL IND.	1			
TOTAL DEP.	13	↓	↓	↓
TOTAL CLAIMS	14	↓	↓	↓

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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98			
99			
100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓

BEST AVAILABLE COPY